

# MUNICIPAL SHELLFISH LICENSE ALLOCATION APPLICATION

**To:** Harold C. Winters, Manager  
Shellfish Management Program  
Department of Marine Resources  
21 State House Station  
Augusta, Maine 04333

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_ Shellfish Conservation Committee

The Shellfish Conservation Committee, upon review of the shellfish resources, and in consultation with the DMR Regional Biologist, requests the following shellfish license allocation for the coming year:

| <u>License Class</u>       | <u>Number</u> | <u>Cost @</u> |
|----------------------------|---------------|---------------|
| <i>Commercial</i>          |               |               |
| Resident                   | _____         | _____         |
| Nonresident                | _____         | _____         |
| Senior Resident            | _____         | _____         |
| Senior Nonresident         | _____         | _____         |
| Junior/Student Resident    | _____         | _____         |
| Junior/Student Nonresident | _____         | _____         |
| Other                      | _____         | _____         |
| <i>Recreational</i>        |               |               |
| Resident                   | _____         | _____         |
| Nonresident                | _____         | _____         |
| Day/Week/Month Resident    | _____         | _____         |
| Day/Week/Month Nonresident | _____         | _____         |
| Senior Resident            | _____         | _____         |
| Senior Nonresident         | _____         | _____         |
| Resident Junior            | _____         | _____         |
| Nonresident Junior         | _____         | _____         |
| Other                      | _____         | _____         |

Contact Person for the Municipality:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_